

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County Green Anne
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Green Anne
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Jane Atkinson

3. (b) Social Security Number

4. Sex Fem. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Bradford Atkinson deceased

7. Birth date of deceased (mo., day, yr.) March 71 - 1869

6. (c) If alive, give age _____ years

8. AGE: Years 79 Months 2 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Green Anne Co. Ind.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis Holiday

13. Birthplace G.A. Co. Ind.

14. Maiden name Jane MacFarlane

15. Birthplace G.A. Co. Ind.

16. Informant Louis S. Atkinson Sr.

Address Church Hill Ind.

17. Burial Date thereof May 31 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Centerville

Location Centerville Ind.

18. Funeral director Edgar A. Lane

Address Church Hill Ind.

19. May 28 48 Edgar A. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 5 p. M.

21. I CERTIFY that death occurred on the date above stated that I attended deceased from May 27 1948 to May 27 1948

and that I last saw him/her alive on May 27 1948

Immediate cause of death Myocardial infarction

Due to Myocardial infarction

Due to Myocardial infarction

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

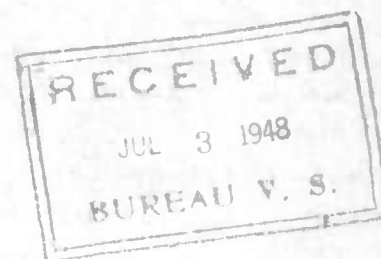
23. SIGNATURE Edgar A. Lane M. D. or other _____

Address Church Hill Ind. Date signed May 28 48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Green Anne
 City or town Centreville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 35 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Green Anne
 City or town Centreville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna Rebecca Comagys

3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) (No rat know) 1869

8. AGE: about 80
 Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Burien, Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Henry Blake13. Birthplace Green Anne Co14. Maiden name Lady Slater15. Birthplace Green Anne Co16. Informant Kate GardnerAddress Centreville, Md17. Burial Date thereof May 29/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Burien, MdLocation Burien, Md18. Funeral director Barton BrosAddress Centreville, Md19. May 28- 19 48 Elin Armstrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 48 at 8 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1- 19 48 to May 26 19 48and that I last saw him alive on May 26 19 48

Immediate cause of death _____ DURATION _____

Chronic Interstitial nephritis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Henry Fisher M. D. or other _____Address Centreville, Md Date signed 5/29-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1868
1948
8761

RECEIVED
JUN 15 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05305
Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne's
City or town Stevensville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all his life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James M Dorsey
4. Sex male 5. Color or race Col 6.(d) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Edna Dorsey
7. Birth date of deceased (mo., day, yr.) 1846 6.(c) If alive, give age 60 years

8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Rockville Md
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

12. Name Fred Dorsey
13. Birthplace Dont know
14. Maiden name Annie Fisher
15. Birthplace va

16. Informant Edna Dorsey
Address Stevensville Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 6/48
(month) (day) (year)
Cemetery or crematory Cemetery

Location Stevensville Md

18. Funeral director Sevris H Bayne
Address Cambridge Md

May 4 1948 Edna Dorsey Registrar
(Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 48 at 10:00 M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 30 19 48 to May 2 19 48
and that I last saw him alive on May 2 19 48

Immediate cause of death Cardiac hypertrophy DURATION _____

Due to Ch. Nephritis sys.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Charles E. Taylor M. D. or other _____
Address Stevensville Date signed 5/4/48

RECEIVED

MAY 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05306
Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne
City or town near Chesterton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Q.A. Co
City or town near Chesterton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joshua Thomas Ferrell
4. Sex M 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ardelle V Ferrell

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan 22-1873

8. AGE: Years 75 Months 3 Days 22 It less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne Co
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. A. Ferrell

13. Birthplace Q.A. Co

14. Maiden name Unknown

15. Birthplace _____

16. Informant Foster Ferrell

Address 1615 Maine St. Dundalk Md

17. Burial Date thereof May 17-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Hill near Chesterton

Location near Chesterton Md

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. May 16 48 Registrar Edgar L. Lane
(Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 48 at 9:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 19 48 to May 14 19 48

and that I last saw him alive on May 13 19 48

Immediate cause of death Coronary atherosclerosis

DURATION Sudden

Due to Chronic myocarditis ?

Due to arteriosclerosis ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J.R. Sumpers M. D. or other _____

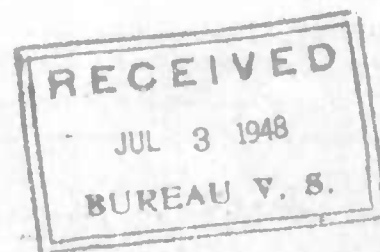
Address Chesterton Date signed 5/16/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 253

1. PLACE OF DEATH:

County... Queen AnneCity or town... Chester
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Edward Lee

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Lillie E. Lee

7. Birth date of

deceased (mo., day, yr.)

April 8, 1886

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

62028

hrs.

min.

9. Birthplace

St. Michaels, Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Oyster

FATHER

12. Name

Francis B. Lee

13. Birthplace

Gettysburg, Pa.

MOTHER

14. Maiden name

Reachel Ann Sperry

15. Birthplace

St. Michaels, Md.

16. Informant

Lester Lee

Address

Chester, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Stonemans

Location

Stonemans Maryland

18. Funeral director

Barton Thers

Address

Centerville Maryland

19.

(Date rec'd by registrar)

19.

Elizabeth H. Porter
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Queen Anne

City or town

Chester
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

no

3. (b) Social Security Number

219-16-9615

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 6

19

48

at

12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February

19

48

to

May 5

19

48

and that I last saw him alive on

May 5

19

48

Immediate cause of death

Bronchogenic Carcinoma

DURATION

4 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Lane, MD

M. D. or other

Address

Queenstown, Md

Date signed

5-6-48

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

HUM No. G. 116 JUN 10 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05308

Reg. Dist. No.

254

1. PLACE OF DEATH:

County..... Queen Anne
City or town..... Groasonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... See left
Hospital, institution, or street address where death occurred.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Queen Anne
City or town..... Groasonville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

David Henry McDaniel

3. (b) Social Security Number

219-03-4109

4. Sex..... M 5. Color or race..... C 6.(a) Single, married, widowed, or divorced..... Married
6.(b) Name of husband or wife..... Ida May McDaniel 6.(c) If alive, give age..... 55 years
7. Birth date of deceased (mo., day, yr.)..... July 24, 1887
8. AGE: Years..... 60 Months..... 62 Days..... 10 If less than one day..... hrs. min.

9. Birthplace..... Groasonville, Md.
(Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... Farm and Water

12. Name..... John McDaniel

13. Birthplace..... Groasonville

14. Maiden name..... Gargiana Cooper

15. Birthplace..... Groasonville

16. Informant..... James C. McDaniel

Address..... Groasonville, Md.

17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... May 21-48
(month) (day) (year)

Cemetery or crematory..... Reynolds & Sons Cemetery

Location..... Groasonville, Md.

18. Funeral director..... John D. Williams

Address..... Station, Maryland

19. May 31 19 48 John McDaniel Loc. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 29 19 48 at 12:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22 19 48 to May 28 19 48

and that I last saw him alive on May 28 19 48

Immediate cause of death..... Cerebral Hemorrhage

Due to..... Arteriosclerotic Cardio-

Vascular Disease

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... William C. Rowe, MD

Address..... Queenstown, Md

Date signed..... 5-29-48

RECEIVED

JUN 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Green AnneCity or town Price
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Green AnneCity or town Price
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name War _____

3. (a) FULL NAME

James C. Mullikin

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Mullikin

7. Birth date of

deceased (mo., day, yr.)

Feb. 6 - 18756. (c) If alive, give age 77 years

8. AGE:

Years

Months

Days

If less than one day

73225

hrs.

min.

9. Birthplace

Green Anne Co. Ind.
(Town, county, and state)

10. Usual occupation

Retired farmer

11. Industry or business

FATHER

12. Name

James C. Mullikin

13. Birthplace

Ind.

MOTHER

14. Maiden name

Emily A. Reicheimer

15. Birthplace

Ind.

16. Informant

Mrs. Mary Mullikin

Address

Price Ind.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof May 3, 1948
(month) (day) (year)

Cemetery or crematory

Church Hill

Location

Church Hill Ind.

16. Funeral director

Edgar L. Lane

Address

Church Hill Ind.

19.

May 3 48
(Date rec'd by registrar)Edgar L. Lane
RegistrarMEDICAL CERTIFICATION May 1-48

20. DATE OF DEATH

April 30 - 1948 at 13:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 27, 1948 to May 1, 1948and that I last saw him alive on April 30, 1948

Immediate cause of death

Angina Pectoris

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of _____

When did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address Centerbrook Ind. Date signed 5/3-48

RECEIVED

MAY 13 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

05310

Form No. G 116 JUN -8 1948 CERTIFICATE OF DEATH

Reg. Dist. No.

253

1. PLACE OF DEATH:

County Queen Anne's
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Q.A. Co
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Emory Sellers

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Minnie Sellers

7. Birth date of deceased (mo., day, yr.) Aug. 25-1865 6. (c) If alive, give age years

8. AGE. Years 82 Months 9 Days 1 If less than one day hrs. min.

9. Birthplace Perryman
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name John Sellers

13. Birthplace Pa.

14. Maiden name Larina Kohler

15. Birthplace Va.

16. Informant Clarence Sellers

Address Stevensville Md

17. (Burial, cremation, or removal, which?) Burial Date thereof May 29-48
(month) (day) (year)

Cemetery or crematory Stevensville

Location Stevensville Md

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. June 1 1948 Elizabeth Foster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1947 to May 26 1948
and that I last saw him alive on May 25 1948

Immediate cause of death

Uremia, underlying

Due to cause Nephritis

Due to

Other conditions Hypertension
arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Chas. E. Furd M. D. or other
Address Stevensville Date signed 5/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 3 1948

BUREAU, S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Innan Anne's
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2.5 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jane Jewell Sney4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Milton W Sney6. (c) It alive, give age 51 years7. Birth date of deceased (mo., day, yr.) March 24-18948. AGE: Years 54 Months 1 Days 9 It less than one day _____ hrs. _____ min.9. Birthplace Brownsville 206, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William L Jewell13. Birthplace Innan Anne's Co. Md14. Maiden name Lillian Harney15. Birthplace Innan Anne's Co. Md16. Informant Milton W SneyAddress Centerville Maryland17. Thence Date thereof Mar 7-48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Church HillLocation Church Hill, Maryland18. Funeral director Barton BrosAddress Centerville Maryland19. 5-7-48 Elin Ametroug
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Innan Anne'sCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948 at 12:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1945 to May 4 1948and that I last saw him alive on May 3 1948

Immediate cause of death _____ DURATION _____

Carcinoma of lung -

Due to _____

metastases from breastDue to Carcinoma

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Henry Fisher

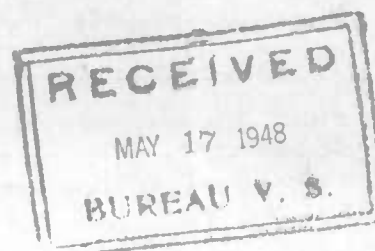
M. D. or other _____

Address Centerville Md Date signed 5/6-48

MARGIN RESERVED FOR BINDING

VS AT5 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County DuPage
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County DuPage
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Milton Babe Slummen

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Sarah Hayden

B. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 8 - 1874

8. AGE:

Years

Months

Days

If less than one day

7400

hrs.

min.

9. Birthplace

Merchantville New Jersey

(Town, county, and state)

10. Usual occupation

Plumber

11. Industry or business

MOTHER FATHER

12. Name

Frank B. Slummen

13. Birthplace

Philadelphia Pa

14. Maiden name

Joe Babe

15. Birthplace

Philadelphia Pa

16. Informant

Warren Slummen

Address

202 Leonard St New Brunswick

17.

Cremation
(burial, cremation, or ~~other~~ other?)

Date thereof

May 11 - 48
(month) (day) (year)

Cemetery or crematory

Salem Brook

Location

Wilmington Del

18. Funeral director

Barton Bros

Address

Centerville Maryland

19.

5-10- 19 48
(Date rec'd by registrar)Elie Armetrong

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 19 48 at 1:20 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 48 to May 8 19 48 and that I last saw him alive on May 8 19 48

Immediate cause of death

Coronary Thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address Centerville Md Date signed 5/10/48

